



# Evaluation Report 2018-19

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## INTRODUCTION

In November 1998, California voters passed Proposition 10, the “Children and Families Act of 1998.” Its intent was to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early child development, and to ensure that children are ready for school and reach their full potential.

The Inyo County Children and Families Commission was created in 1999 by the Inyo County Board of Supervisors to carry out the work of Position 10 in the county.

First 5 Inyo County is a program of Public Health and Prevention division of Inyo County Health & Human Services. Inyo County Health & Human Services works to “Strengthen Resilience and Well-Being in Our Community.”

First 5 Inyo County’s Commission includes representatives from the Inyo County Board of Supervisors, Health & Human Services, parents of children 0 to 5, and representatives from early childhood education and health service organizations.

Inyo County contains astounding natural diversity. It includes Owens Valley and parts of Death Valley, and is located between the Sierra Nevada Mountains and the White Mountains along the California and Nevada border. It is the second largest county by area in California with 10,140 square miles; and with a population of 17,987, Inyo County has one of the smallest population densities in the state with only 1.8 persons per square mile.

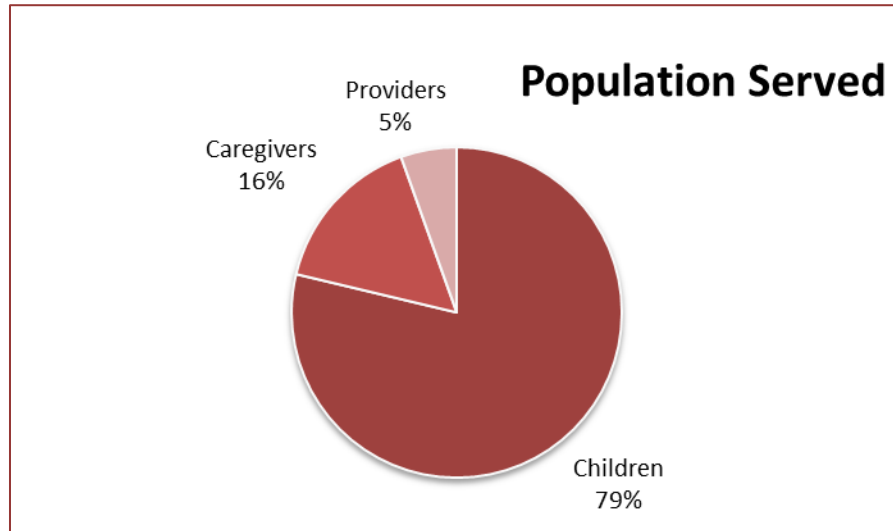
Overall, low education levels, low household income, high costs of living, and the remote location of communities within Inyo County are compound challenges resulting in high stress on families in Inyo County.

There are approximately 1,043 children ages 0 to 5 in Inyo County, making up approximately 5.8% of the total population. There were 203 births in Inyo County in 2015. Twenty two percent of children are living in food insecure households. Thirty-eight percent of children are meeting or exceeding grade-level standards in English. (Source: kidsdata.org)

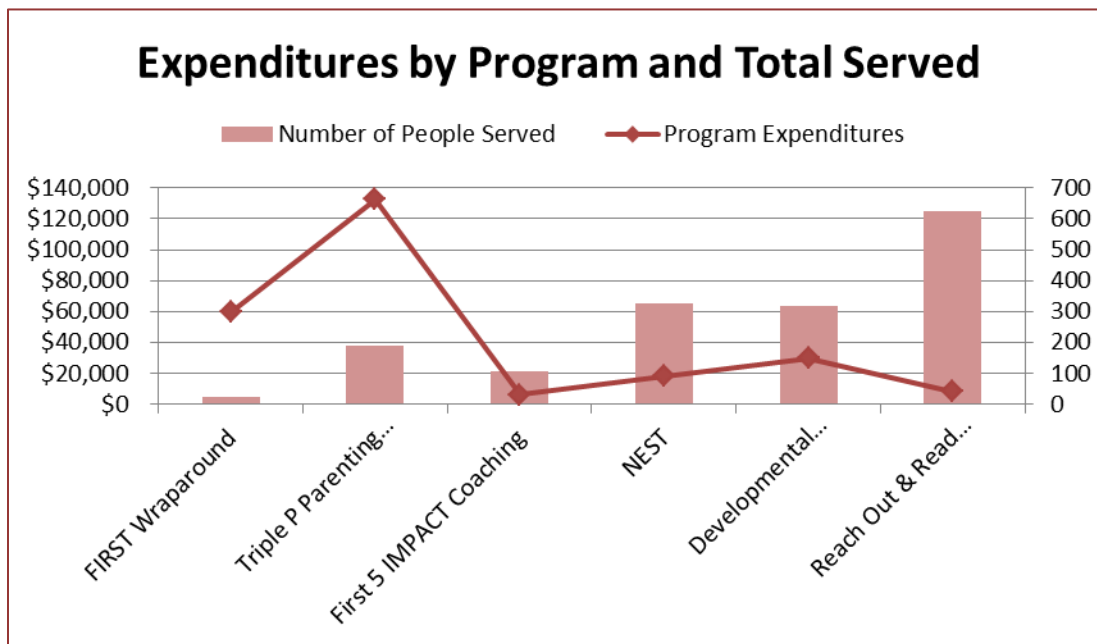
The vision of First 5 Inyo County is that all children will thrive. The mission is to build the early childhood systems and supports needed to ensure Inyo County’s young children are healthy, safe and ready to succeed. First 5 Inyo County strategic goal is to be a strong organization that serves as a catalyst of sustained positive change for children 0 to 5 and their families into the future.

## OVERVIEW

In FY 18-19, 1,589 children, parents and providers were served by First 5 Inyo County. These numbers are possibly duplicated across programs, if a child or family receives multiple services from multiple programs.

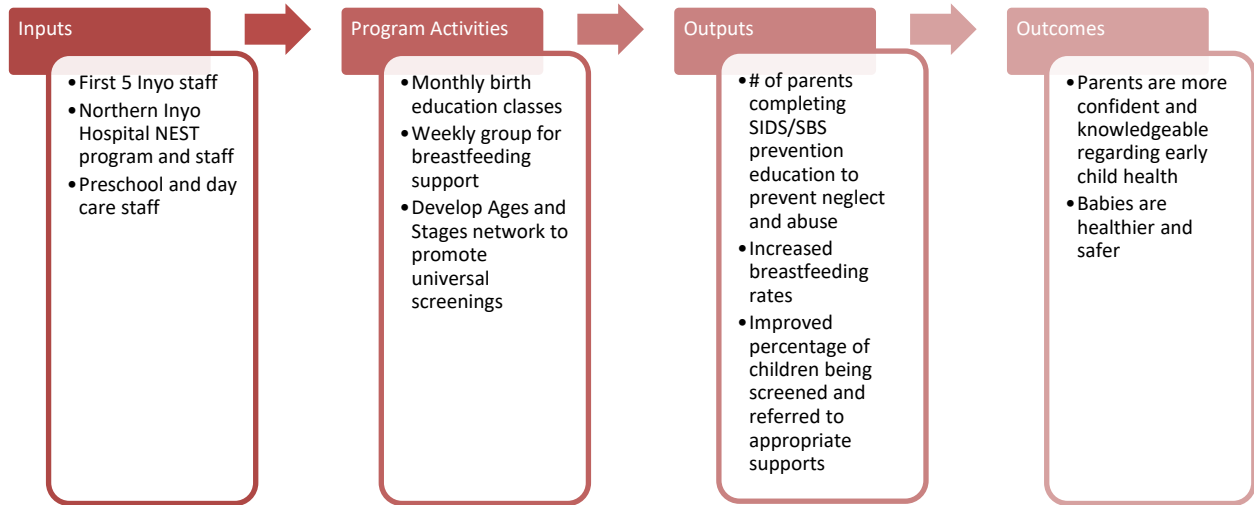


Our total spending was \$349,550 which was \$27,836 under our revenues of \$377,386. Our ending fund balance as of June 30, 2018 was \$813,836. Overall, spending included \$254,255 in Programs, \$72,971 in Administration, and \$22,324 in Evaluation.



# IMPROVED CHILD HEALTH

Children 0 to 5 throughout Inyo County are healthy.



## Maternal and Child Health

The Northern Inyo Healthcare District program NEST (Newborn Evaluation Support and Teaching) began in 2015, supported by an initial three year grant from First 5 Inyo County. Fiscal year 2018-19 was the fourth year of First 5 Inyo County funding supporting the NEST program.

It was a momentous year, as in September 2018, Northern Inyo Hospital (NIH) was designated as a Baby Friendly Hospital by Baby Friendly USA, an initiative of the World Health Organization and United Nations Children’s Funds. This prestigious designation ranks NIH amongst 535 other hospitals across the nation that promote, protect and support breastfeeding. This designation commemorates a multi-year process.

First 5 Inyo County funding also assists with funding to support program delivery, including childbirth classes, preadmission unit tours, postpartum appointments, and weekly Mom Support group. See Table 1 for more detail over time.

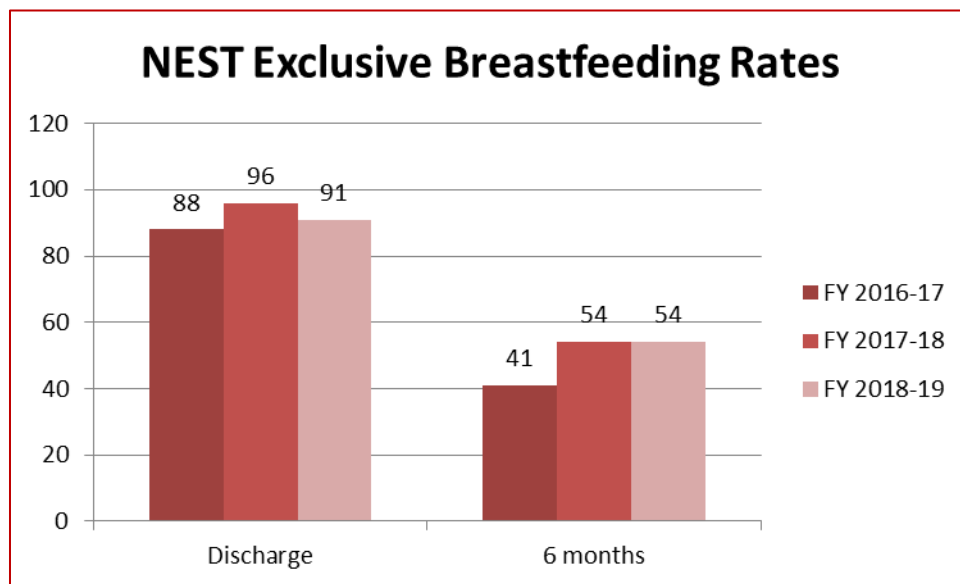
Additionally, NEST is exploring implementing a Donor Breastmilk program. During this fiscal year, NEST researched and compiled data on resources, equipment, policies and procedures for implementing, proposed the program at the October PeriPeds meeting, receiving support after through discussion from the attending medical providers, prepared an application for new tissue license, drafted a policy, and developed education resources for parents, providers and staff.

**Table 1: NEST Program patient delivery metrics and Baby Friendly Hospital Certification status**

	July – December 2016	January – June 2017	July – December 2017	January – June 2018	July – December 2018	January – June 2019
<b>Childbirth Education Classes</b>	Class not yet started	20 participants (began in March)	38 participants	10 participants	28	19
<b>Pre-Admission visits</b>	49%	54%	59%	87%	39%	72%
<b>Post-Discharge visits</b>	100%	100%	87%	89%	86%	85%
<b>SIDS education</b>	100%	100%	100%	100%	100%	100%
<b>New Mom Support Group</b>	0-4 moms	0 moms	33 attendees	47 attendees	64	47

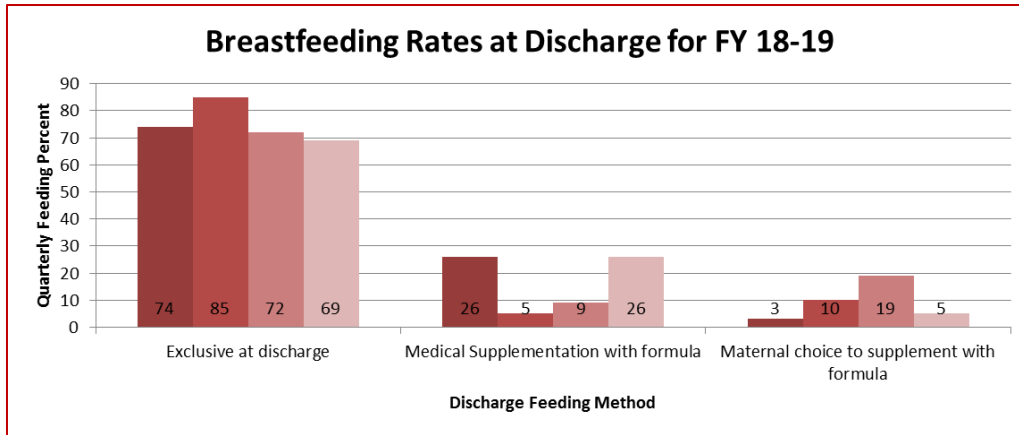
<b>Baby Friendly Hospital Certification</b>	Dissemination phase	Dissemination phase	Designation phase	On-Site Assessment	Designated!	Annual Quality Improvement
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The NEST program has been keeping track and reporting exclusive breastfeeding rates since July 2016 for discharge, one month, three month, and six month time periods. For the period starting July 2018, data points changed to discharge, two month, four months, and six month time periods, to better match the timing of when mothers and babies will be seen for well child visits with their pediatrician, ensuring more accurate data collection. Included below are the exclusive breastfeeding rates at discharge and six months since July 2016. Percentages are averaged from the quarterly reports. Overall, the number of mothers breastfeeding at discharge from the hospital has stayed constant around 90% and the percentage of mothers breastfeeding at six months has stayed level at 54%.



The NEST six month survey was updated for the fourth quarter report. With 15 survey responses, 73% of mothers reported that the NEST program helped them breastfeed longer than they would have without it. Of moms who introduced formula, 21% first gave formula at three months and 50% at four months. Reasons for introducing formula included work, “infant need more food” and low milk supply. Of the nine moms who were working, 67% reported returning to work as the cause for introducing formula.

Looking at the exclusive breastfeeding rates at discharge data in more detail, at times 26% of children had a medical indication to need additional supplementation with formula. The Healthy People 2020 goal is to reduce the number of babies who receive formula in the first 24 hours of life from 23% (2009) to 14%.



### Conclusion & Future Considerations

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first six months. A little over half of Inyo County children are exclusively breastfed for the first six months. Even with the NEST program’s local success of becoming a Baby Friendly Hospital, and offering the New Moms Support Group and associated components of the NEST program, these rates suggest that mothers still may not be getting the support they need from health care providers, family members, and employers to meet their breastfeeding goals.

While the milk donor program will assist in ensuring babies who have a medical necessitation to supplement receive the benefits of breastmilk, there is also the question of why our local rate of medical need to supplement seems to be so high. First 5 staff will engage NEST, and other partners like WIC and Bishop Pediatrics, to look at our local data and practices in more detail to examine why this might be.

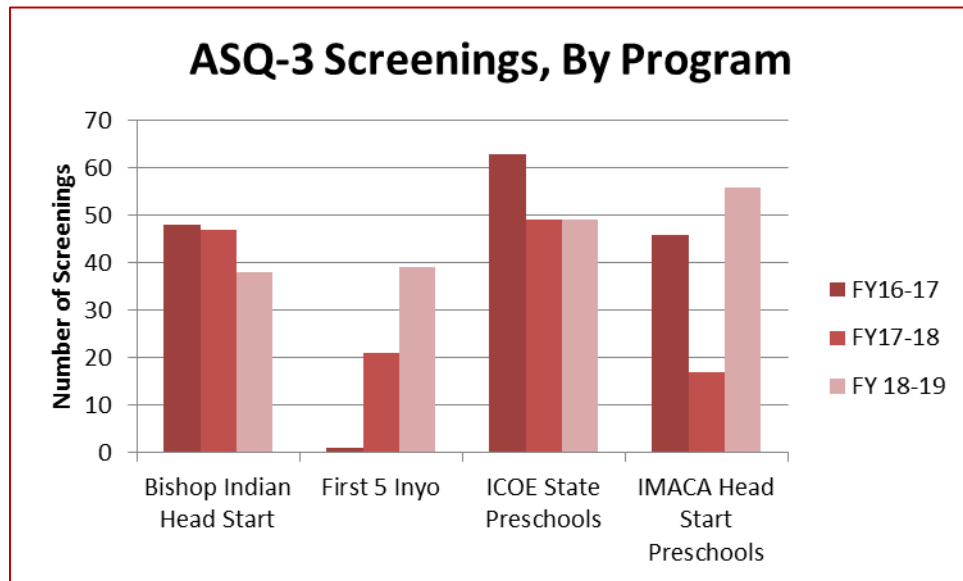
First 5 Inyo County Commission remains committed to the NEST program, supporting our new moms and babies receive the information and support needed to be healthy.

## Developmental Screenings

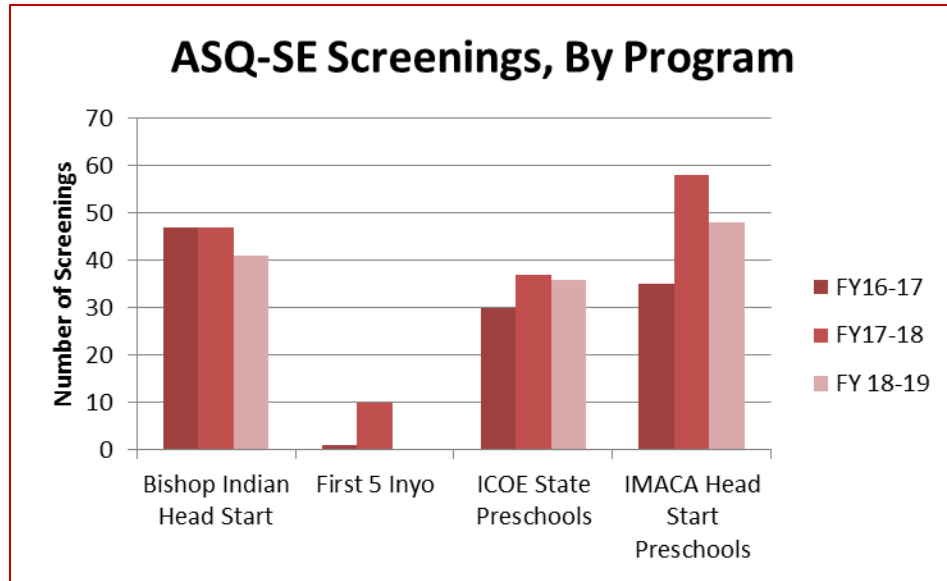
Developmental screening activities offer the Ages and Stages Questionnaire Third Edition (ASQ-3) and the Ages and Stages Questionnaire – Social Emotional Edition (ASQ-SE) with preschools, family child care providers, and online or in-person through the First 5 office. These screening tools track developmental and social emotional development progress in children. Both are offered to families in English and Spanish.

In FY 2018-19, First 5 Inyo County and partners coordinated screening 182 children with the ASQ-3 and 152 children with the ASQ-SE. Screenings completed through First 5 Inyo County increased due to additional outreach to family child care homes, private preschools, and through online access. First 5 Inyo County staff met with family child care providers to provide education around developmental play and the importance of early screening. First 5 Inyo County staff outreached to private preschools, and engaged one new private preschool in participating in developmental screenings. Lastly, First 5 Inyo County staff created an online access to the ASQ-3 screening, so parents and caregivers can complete the screening from their cell phone or home computer. Five children were screened online.

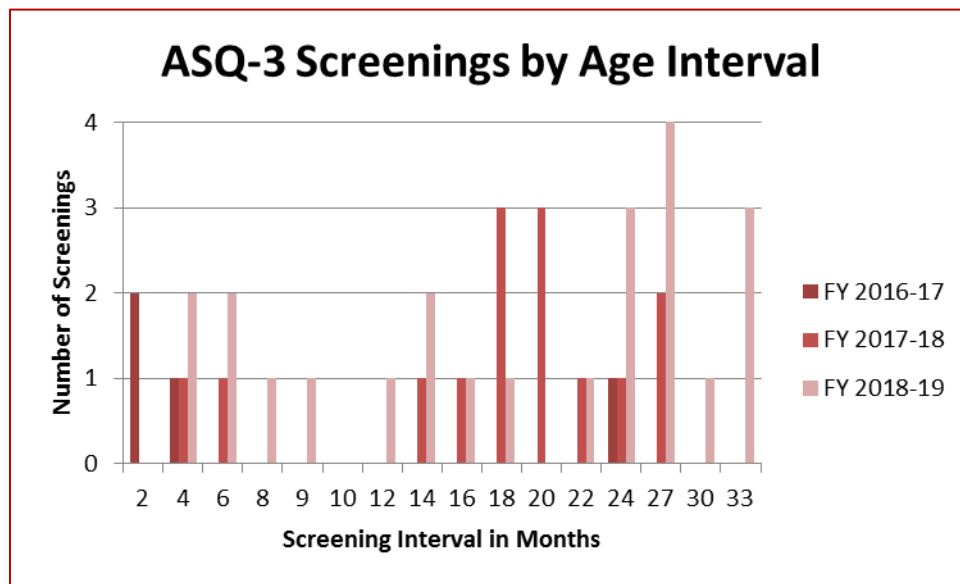
To promote the importance of developmental screenings, and how to complete one for your child, First 5 Inyo County designed a colorful brochure, and distributed to partners and families in English and Spanish.







The majority of screenings were completed for children between the age intervals of 36 months and 60 months. First 5 Inyo County continues to increase the number of children ages zero to three receiving screenings completed, primarily by assisting family child care home providers to offer the screenings to their children. Since First 5 Inyo County began tracking screenings in FY 2016-17, the number of children under three screened has increased in total from 4 to 24.



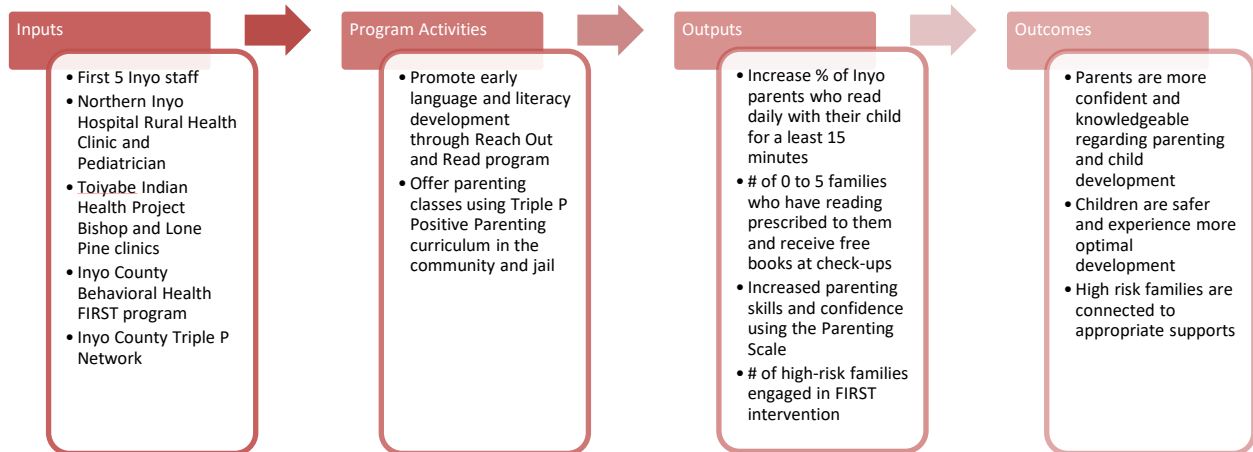
Thirty-two children or 14% were identified for referral. This referral rate is consistent over previous years. First 5 Inyo County staff coordinated with providers and schools to review children identified for referral, ensuring they received a referral or were already receiving assistance. First 5 Inyo County staff made new efforts to either rescreen children in monitoring zones a second time, or refer to First 5 programs such as Triple P Positive Parenting.

### Conclusion & Future Considerations

In its third year of implementation, First 5 Inyo County continues to excel at engaging local preschools and day care providers to screen children for developmental delays. New efforts of note are engaging our first private preschool in offering screenings, opening up access to completing screenings online, and promoting screenings through a colorful brochure in English and Spanish. Despite these great efforts, activities need to continue to focus on how to screen more children before the age of three. First 5 Inyo County staff will pursue such strategies as partnering with our Public Health MCAH program, reaching out to pediatrician offices, and engaging early head start programs. First 5 Inyo County staff will continue to implement a Help Me Grow program.

## FAMILY STRENGTHENING

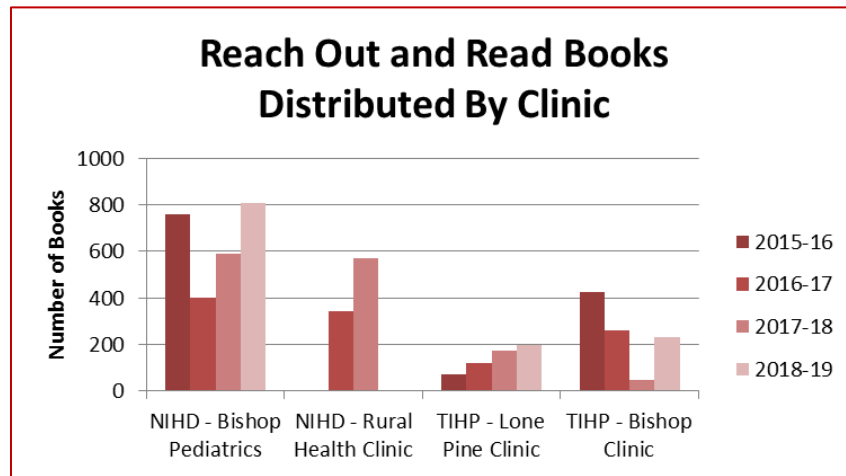
Parents and caregivers are empowered to create healthy environments in which children thrive and succeed.



## Family Literacy

First 5 Inyo County coordinates the Reach Out and Read Literacy program. First 5 Inyo County staff distributes new books to Inyo County clinics for pediatricians to prescribe reading during each well child visit. This evidence based program has shown that doctors prescribing reading fosters language-rich family interactions that support brain development.

Almost two thousand books were distributed to three clinics in Inyo County: Toiyabe Indian Health Project in Bishop and Lone Pine, and Northern Inyo Healthcare District Bishop Pediatrics. Rural Health Clinic stopped seeing a majority of well child visits, and thus discontinued their prescribing of books.



### Conclusion & Future Considerations

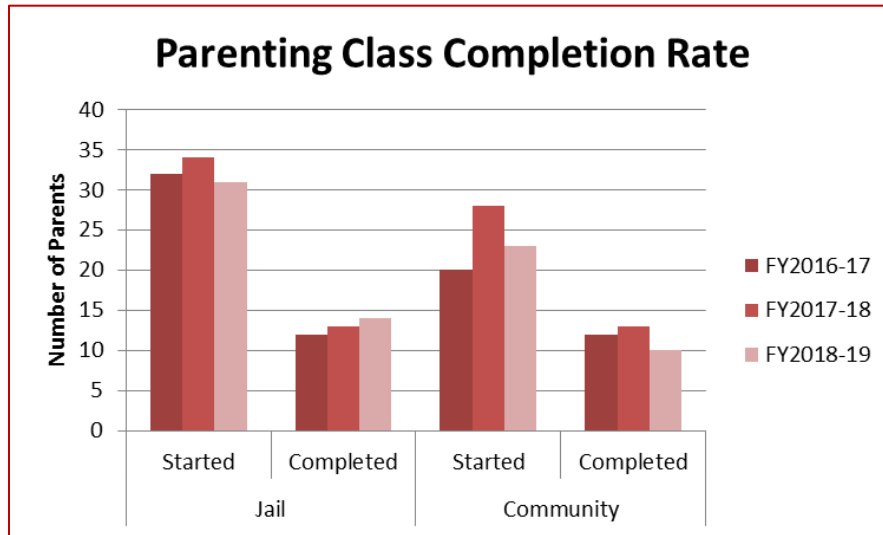
The Reach Out and Read Literacy program requires minimal staff time to coordinate and is effective in promoting reading to families. The number of books prescribed has stayed fairly consistent over time. There is one clinic not participating at Southern Inyo Hospital in Lone Pine, that First 5 Inyo County will reach out to see if they are interested in participating.

## Parenting Education

The Triple P – Positive Parenting Program is an evidence based program that gives parents the skills they need to raise confident, healthy children and to build stronger family relationships. It also helps parents manage misbehavior and prevent problems occurring in the first place. First 5 Inyo County offers direct services to parents through Triple P Group classes in the community and county jail settings, and builds a system of supports through facilitating the Inyo County Triple P Network.

First 5 Inyo staff offered parenting classes in both community and jail settings. Seven classes were offered: three classes to parents who were inmates in the county jail and four classes to parents in the community. Three of the community classes were Triple Group 0-12, and one was Triple P Stepping Stones. Two of the three jail classes were Triple P Group 0-12, with the third being National Fatherhood Institute (NFI) curriculum Inside Out Dad (for dads) and Understanding Dad (for moms). The NFI class numbers are included in the completion rate numbers below.

Twenty-four of 54 individuals who began a parenting course completed all sessions. Ten parents successfully completed a community class and fourteen parents completed a jail class. This 45% completion rate in the jail and a 43% completion rate in the community is consistent with previous years, and could be reflective of the intensive nature of the courses, requiring eight weeks of classroom learning and homework assignments to graduate.



Parents participating in a parenting class are screened for Adverse Childhood Experiences (ACEs). ACEs are traumatic events that can have negative, lasting effects on health and wellbeing, and include abuse, neglect, and household challenges. First 5 Inyo County screens our parents for ACEs to serve two objectives: to understand if we are reaching our target population of at-risk parents, and to be a learning tool for helping our parents understand their own life experiences and learn about resilience, thereby learning the importance of creating a safe environment for their children.

Of parents who consented to sharing their ACE score, over half had an ACE score of four or higher. The average ACE score across parents is four. Due to the small response size, numbers are not able to be reported separating community class parents from jail class parents, to ensure anonymity.

## PARENTING SCALE

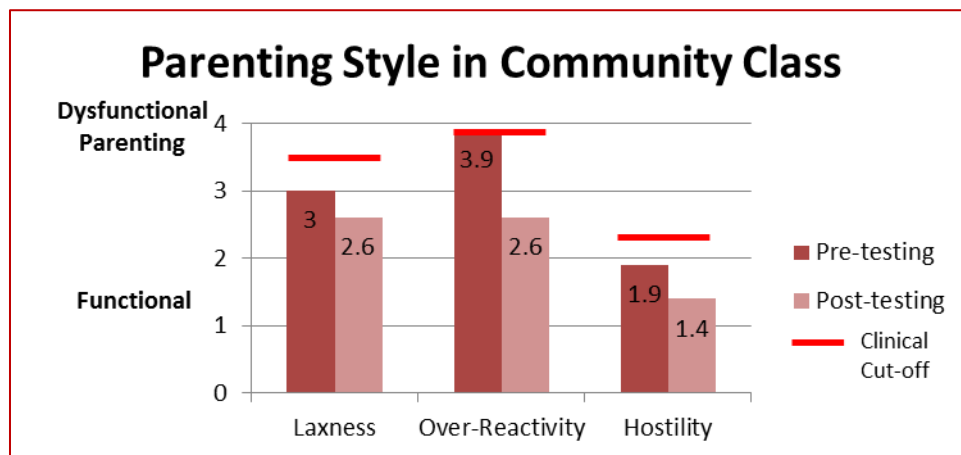
The Parenting Scale is used when offering Triple P Group 0-12 parenting classes as a pre and post testing measure of dysfunctional parenting style. The Parenting Scale measures three subscales:

- Laxness: a style where parents let things slide and don't intervene
- Over-Reactivity: a style where parents over-react to a problem behavior
- Hostility: a style where the relationship is marked by hostility, particularly verbal

Parents answering the Parenting Scale at the beginning and ending of each Triple P class showed that:

- One parent moved out of clinical range for Laxness, with three remaining in clinical range;
- Two parents moved out of clinical range for Over-Reactivity, with one remaining;
- And two parents moved out of clinical range for Hostility, with none remaining.

Overall, laxness decreased an average of 13%, over-reactivity decreased an average of 33%, and hostility decreased an average of 26%. This is a significant change from previous years, where assessments showed only a modest change in laxness parenting style.



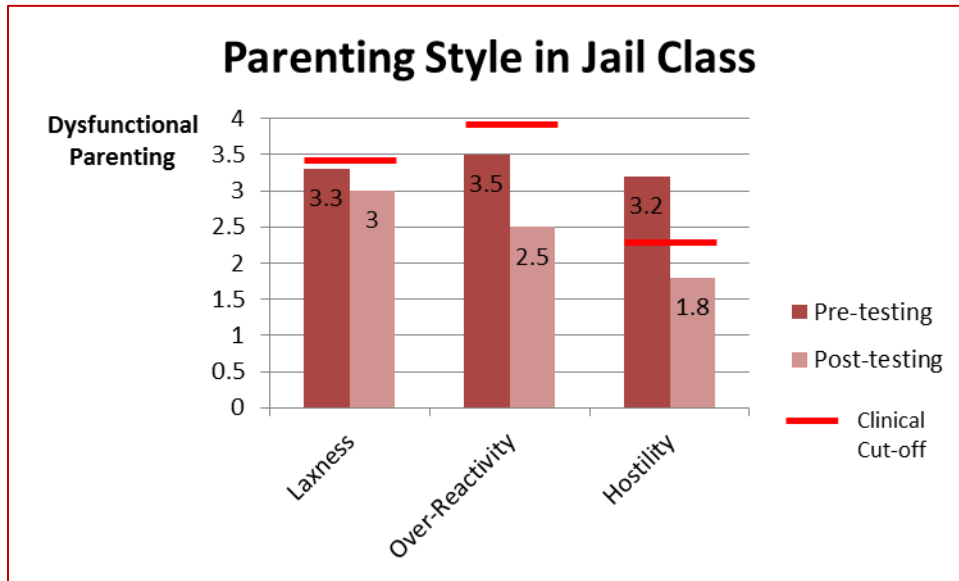
## JAIL CLASS

Parents answering the Parenting Scale at the beginning and ending of each Triple P class showed that:

- No parents moved out of clinical range for Laxness, with two remaining in clinical range;
- One parent moved out of clinical range for Over-Reactivity, with none remaining;
- And five parents moved out of clinical range for Hostility, with none remaining.

Overall, among parents served at the jail classes, laxness decreased an average of 8%, over-reactivity decreased an average of 29%, and hostility decreased an average of 44%. This is also a significant change

from previous years, where assessments showed only a modest change in laxness parenting style.



The Triple P Positive Parenting Program is a multi-tiered system of evidence-based supports. In addition to offering Level 4 Group classes, First 5 Inyo County expanded services to include Level 1, 2, and 3. In Level 1, Positive Parenting Awareness Month was celebrated for the first time in Inyo County in January 2019. Media strategies included a proclamation from the Board of Supervisors, workshops and classes, and a Summit to re-engage local leadership and practitioners. In Level 2, First 5 Inyo County staff trained in Triple P Seminars, offering workshops in the community that reached an additional 64 parents. In Level 3, First 5 Inyo County hosted a Triple P Primary Care training for 20 staff in June 2019.

### Conclusion & Future Considerations

First 5 Inyo County efforts are succeeding at supporting families with high rates of family dysfunction and trauma in both community and jail settings. Parents are learning new skills to raise children and respond to difficult behaviors, with greatest success in helping how parents change their parenting style around over-reactivity and hostility. The expansion to additional levels of Triple P allowed First 5 Inyo County to reach more parents and community members. These collective efforts resulted in a stronger, engaged network, improving parenting practices and children's well-being.

To achieve a population health approach to improving parenting practices and children's social and emotional well-being, First 5 Inyo County continues to strive to reach more families and support other Triple P practitioners. Efforts will focus on continuing to support the Inyo County Triple P Network, implementing a countywide outcomes report to better tell the story of families being reached and the success of our collective efforts, and to design a referral matrix to connect parents asking about parenting support to the correct service.

## Targeted Family Support

The Families Intensive Response & Strengthening Team (FIRST) program within Inyo County Health & Human Services is a family program guided by the principles of wraparound, working to keep our children and youth at home with supportive services. FIRST is an intensive family driven planning process that provides support to children and their families.

This year, FIRST worked with eight families who had children between the ages of zero and five. Over this time period, three families graduated, three families terminated the program early, and two families are still progressing to their graduation. There are 14 children in these eight families, 35% of which are under three years old.

Families served by the FIRST program are evaluated using the Inyo Family Development Matrix. The matrix measures progress within the protective factor elements for each family. Overall, these families averaged an increase of 43 (out of 230 possible) protective factor points per family, or a 19% average increase in protective factors. The greatest average protective factor these families advanced in was Child Development, with an average advance of 10 points in this protective factor per family.

Child Development	Parenting Knowledge	Concrete Resources	Parent Resilience	Social Connections	TOTAL
12	10	10	19	11	62
11	12	6	19	14	62
23	20	22	21	11	97
3	12	17	0	16	48
10	0	5	1	2	18
3	-3	-4	14	-1	9
18	13	14	13	9	67
3	-4	-7	-8	-2	-18
<b>83</b>	<b>60</b>	<b>63</b>	<b>79</b>	<b>60</b>	<b>345</b>

### Conclusion & Future Considerations

While serving a small number of families, the intensive services provided by FIRST are critical to improving the protective factors of our most needy families. The FIRST program provides parents and families with the skills they need to succeed, helping the family move away from formal services so they are more reliant on natural supports within their community. First 5 Inyo County will continue to support this program, which works to build on family strengths and create a family environment that supports optimal child and youth development.